

OFFICE USE ONLY

PHONE: (573) 522-0107 FAX: (573) 751-4864

EMAIL: COMMERCIALPERMITS@MDC.MO.GOV

## **Application for Resident Fur Dealer Permit (CODE 515)**

All required (\*) fields must be completed or application will be returned to applicant for completion.

*SECTION 1: Are you applying as an individual or business? Selection will determine the name on permit.						
☐ INDIVIDUAL (If Individual, skip Section 4)	☐ BUSINESS (/	☐ BUSINESS (If Business, skip Section 3)				
	,	,				
SECTION 2: If renewing a commercial permit, enter	the permit number here.	Permit #:				
SECTION 3: Individual Information (Permit will be issued in the individual's name.)						
*County:						
*Individual Name:						
Doing Business As (If applicable – provide fictitious business name registered with MO Secretary of State):						
*Address:						
*City:	*State:	*ZIP Code:				
If PO BOX, provide physical address:						
*Telephone:	Email:					
SECTION 4: Business Information (Permit will be iss						
be registered and in good standing with the Missour	ri Secretary of State. For m	ore information go to:				
<u>www.sos.mo.gov</u> or call (573) 751-4936)						
*SELECT TYPE OF ENTITY: GENERAL PARTNERSHIP	☐ LIMITED PARTNERSHIP	☐ LIMITED LIABILITY PARTNERSHIP				
GENERAL CORPORATION LIMITED LIABILITY COMPANY	□ NONPROFIT CORPORATION					
*County:						
*Business Name:						
Doing Business As (If applicable – provide fictitious business name registered with MO Secretary of State):						
*Business Address:						
*City:	*State:	*ZIP Code:				
If PO BOX, provide physical address:						
*Telephone:	Email:					
*Designated Representative's Name (for all Department interaction)¹:						
*Designated Representative's Address (if different than above):						
*City:	*State:	*ZIP Code:				
*Telephone:	Email:					
<sup>1</sup> Designated representative is an individual designated by the business as the contact person for all purposes related to the permit including regulatory compliance, records, inspections and citations. The business (permittee) is responsible for updating this information if the designated representative						
changes at any time.	is responsible for aparating this infor	nation if the designated representative				
PERMIT TYPE		PRICE				
☐ Resident Fur Dealer's Permit (Code 515)		\$100.00				
Signature constitutes accentance of all rules partaining to the above parmit(s) accents	ording to the Wildlife Code of Missouri					
Signature constitutes acceptance of all rules pertaining to the above permit(s) according to the Wildlife Code of Missouri.						
Applicant Signature:		Date:				
Applicant's Title (if applicable – required for business applications):						

All permits expire June 30 unless otherwise provided in the *Wildlife Code of Missouri*.

This is not a permit and does not entitle the applicant to operate.

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RESIDENT USERS – Permits shall include the names of no more than three (3) resident users if issued to an individual and no more than four (4) resident users if issued to a business.						
Name:						
Address:		City:	State:	Zip Code:		
Name:						
Address:		City:	State:	Zip Code:		
Name:						
Address:		City:	State:	Zip Code:		
Name:						
Address:		City:	State:	Zip Code:		
☐ Check enclosed (Made payable to <b>Missouri Department of Conservation</b> )						
Credit/Debit card holder agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.  As required by State Law, payments by debit or credit card will be charged an extra convenience fee according to the chart below. The fee will be added to the amount of the purchase and the cardholder's statement will show the combined amount. This fee is paid to the payment processor, not the Missouri Department of Conservation.						
	Transaction Amount	Fee Amount				
	\$0-\$50.00	\$1.25				
	\$50.01-\$75.00	\$1.75				
	\$75.01	\$2.15				
	\$100.01 and up	2.15%				
Credit Card Type: U	isa	☐ MasterCard		Discover		
Expiration Date:		3-Digit Security Code	:			
Phone Number ( <i>Required</i> ):		Signature:				
Mail application to:  Missouri Department of Conservation Attn: Commercial Permits P.O. Box 180 Jefferson City, MO 65102  Fax: (573) 751-4864 Email: COMMERCIALPERMITS@MDC.MO.GOV				GOV		